

NORTHBOROUGH RECREATION
2024 FINANCIAL ASSISTANCE APPLICATION

To assure that all residents can access Northborough Recreation programs, we are proud to provide financial assistance to those that qualify. Northborough Recreation reserves the right to exercise managerial discretion regarding financial assistance, and to limit the amount of funding allocated to any given household or individual.

Eligibility

- Northborough Residents can apply for assistance.
- Financial assistance is determined without regard to race, sex, religion, cultural heritage, political beliefs, marital status or sexual preference of the applicant or participant and based on the current federal poverty guidelines.

Application Deadlines

- To be considered for financial assistance, applications are due with all supporting documents at least 15 business days before the start of the program.
- For summer camp programs, applications are due at least 5 business days before the start of camp registration. (Late January/Early February)

Application Instructions

- Applications and all required paperwork, in full, should be delivered or emailed to Allie Lane, Recreation Director at alane@town.northborough.ma.us

Participant Information

First Name _____ Last Name _____ D.O.B. _____
Address _____
Grade _____ School _____

Parent/Guardian/Applicant Information

First Name _____ Last Name _____
Address _____
Home Phone _____ Cell Phone _____
Email Address _____

I am requesting financial assistance for the following program(s)

<u>Program Name</u>	<u>Program Date(s)</u>
_____	_____
_____	_____
_____	_____

HOUSEHOLD INFORMATION

Please list all individuals residing at your household.

Name	Relationship to Participant	Age	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

If someone in your household is over the age of 18 and not working, please explain why:

FINANCIAL INFORMATION

Please list your total monthly household income, prior to deductions. Income sources listed should include wages of all working household members (working individuals living under the same roof), welfare payments, pension, social security, child support, and other income. Northborough Recreation reserves the right to request all supporting documents (and others not listed below) in relation to this financial assistance application.

Source of Income	Monthly Income	Source of Income	Monthly Income
Household wages	\$	Workers Compensation	\$
Self-Employment/odd jobs	\$	SSA, SSI, SSDI, SSP	\$
Unemployment Assistance	\$	Rental Income/Pension	\$
Government Assistance (SNAP, Welfare, Etc.)	\$	Financial Support from other agencies	\$
Child Support	\$	Veterans Benefits	\$
Total Monthly Income			\$

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:

- I authorize the Northborough Recreation Department to contact employers, social agencies, housing agencies, etc. in order to verify the information on this application. (Only if there is questions, we don't usually do this.)
- I understand that the deliberate misrepresentation of the information will disqualify me from consideration for financial assistance.
- I understand that I will need to reapply for financial assistance each tax year and that this award amount may change based on documentation and federal poverty level scales.
- I understand that if applicable, vacation day and professional day programs may only be discounted up to 50%.
- I understand that all household balances must be paid before a household can be considered for another financial award.
- I understand that once awarded, the applicant/participant must abide by the agreed upon payment plan in order to remain in the program.
- I understand that any recipient awarded financial assistance must maintain regular attendance at the program. If unable to participate, the recipient must contact the Recreation Department as soon as possible. Full payment will be required if participant does not attend or withdraw in accordance with program guidelines.
- I understand that this application does not assume a spot will be reserved for the participant in any program.
- I understand that all program requirements and policies must be followed. This includes all required forms, health requirements, waivers, rules, etc.

Applicant Signature _____
 Printed Name _____
 Date _____

For Internal Use Only

Date Received _____ Processed by _____
 Approved: YES/NO % Reduction _____
 Award Accepted: _____ Award Validity Dates: _____